

When billing a secondary claim choose ‘Y’ in the Other Insurance Indicator on Header 3.

EDS Provider Electronic Solutions - [837 Professional]

File Edit View Forms Tools Window Help

Total Charge 00 OI Amount 50.00 Billed Amount -50.00 Services 1

Hdr 1 Hdr 2 Hdr 3 OI OI Adj Srv 1 Srv 2

Accident
Related Causes Date 00/00/0000 State Country

Ambulance
Transport Code Transport Reason Code Transport Distance
Condition Codes: 1 2 3 4 5
Patient Weight
Round Trip Purpose

Other Insurance Ind Y

Add
Copy
Delete
Undo All
Save
Find...
Print
Close

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
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Ready 10-11-03 7:46:38

Once you have selected ‘Y’ for other insurance two additional tabs will display – OI and OI Adj.

Payer Responsibility is defaulted to “P” leave as is. Select the appropriate value in the Claim Filing Indicator drop down box. Make a selection for Patient Signature and Release of Medical Data.

THEN: Double click in the Carrier Code Field located under Policy Holder.

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Total Charge .00 OI Amount .00 Billed Amount .00 Services 1

Hdr 1 | Hdr 2 | Hdr 3 | OI | OI Adj | Srv 1 | Srv 2

Payer Responsibility P

Claim Filing Ind Code MC

Benefits Assignment Y

Patient Signature B

Release of Medical Data A

Payer Claim Reference

Policy Holder

Carrier Code 065

Subscriber ID 123456789

Last Name SUGAR

First Name SPICE

MI

Add OI

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1	065	123456789	SUGAR	SPICE

Copy OI

Delete OI

Find...

Print

Close

The Policy Holder Screen will be displayed: Here you will enter the information pertaining to the insurance policy and the policyholder.

Enter the Medicaid ID in the Client ID field. Select the valid value for Carrier Code from the drop down box, hit the tab button and the related carrier name will be populated. Select the Insurance Type code from the drop down box and do the same for Relationship to Insured. Enter Patient Information in Policy Holder section. See example below:

Policy Holder

Client ID: 123456789 Carrier Code: 065 Carrier Name: BLUE CROSS/BLUE SHIEL

Group #: Other Insurance Group Name:

Policy #: 123456789 Insurance Type Code: C1 Relationship to Insured: 18

Policy Holder Information

Last Name: SUGAR First Name: SPICE MI:

Subscriber ID: 123456789 ID Qualifier: MI

Date Of Birth: 10/10/2000 Gender: F

Policy Holder Address

Line 1: 456 HELP STREET Line 2:

City: PROVIDENCE State: RI Zip: 02587-

Client ID	Carrier Code	Subscriber ID	Last Name	First Name
123456789	065	123456789	SUGAR	SPICE

Buttons: Add, Delete, Undo All, Save, Find..., Print..., Help, Select, Close

Click Save and then Select. PLEASE NOTE: When billing for this recipient again, you will only need to select by clicking on Carrier Code on the OI screen, for this information to appear – see example 1.

To provide other insurance payment supply **Paid Date** and **Amount** – this amount will be deducted from your billed amount. Allowed amount and Non-Covered amount should be completed if applicable and will not deduct from your billed amount. Enter the valid value for the Adjustment Group Code (First box in row 1) and a Reason Code (box 2 in row 1). You will obtain this information from the other insurance explanation of benefits. Then enter amount of payment. See below for example.

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Hdr 1 | Hdr 2 | Hdr 3 | OI | OI Adj | Srv 1 | Srv 2

Paid Date/Amount 08/13/2003 50.00

Allowed Amount 100.00 Non-Covered Amount 50.00

Adjustment Group Codes/Reason Codes/Amounts

1	CO	100	50.00	4		.00
2			.00	5		.00
3			.00	6		.00

OI #	Carrier Code	Subscriber ID	Last Name	First Name
1	065	123456789	SUGAR	SPICE

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
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Buttons: Add, Copy, Delete, Undo All, Save, Find..., Print, Close

To complete your claim; enter information in the Srv 1 tab and Srv 2 if required. Click on Save when you have completed your claim information.